

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

## BUREAU of VITAL STATISTICS

## CERTIFICATION OF DEATH

STATE FILE NUMBER: 2021053041

DATE ISSUED: MARCH 18, 2021

## DECEDENT INFORMATION

DATE FILED: MARCH 18, 2021

NAME: NEIL SCOTT CLARK

DATE OF DEATH: FOUND ON MARCH 15, 2021

SEX: MALE

AGE: 067 YEARS

DATE OF BIRTH: [REDACTED]

SSN: [REDACTED]

BIRTHPLACE: [REDACTED] UNITED STATES

PLACE WHERE DEATH OCCURRED: WOODED AREA

FACILITY NAME OR STREET ADDRESS: LEE COUNTY LINE LOGAN BOULEVARD NORTH

LOCATION OF DEATH: NAPLES, COLLIER COUNTY, 34119

RESIDENCE: [REDACTED]

UNITED STATES

COUNTY: LEE

OCCUPATION, INDUSTRY: POLITICAL CONSULTANT, LOBBYIST

EDUCATION: MASTERS DEGREE

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

## SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: COLLEEN LORA

FATHER'S/PARENT'S NAME: [REDACTED]

MOTHER'S/PARENT'S NAME: [REDACTED]

## INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: COLLEEN LORA CLARK

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: [REDACTED]

UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: MARK A. STATHERS, F084181

FUNERAL FACILITY: SHIKANYS BONITA FUNERAL HOME F040865

28300 TAMiami TRAIL SOUTH, BONITA SPRINGS, FLORIDA 34134

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SHIKANY'S BONITA CREMATORY  
BONITA SPRINGS, FLORIDA

## CERTIFIER INFORMATION

TYPE OF CERTIFIER: DISTRICT MEDICAL EXAMINER

MEDICAL EXAMINER CASE NUMBER: 202100136

TIME OF DEATH (24 HOUR): FOUND AT 1140

DATE CERTIFIED: MARCH 17, 2021

CERTIFIER'S NAME: MANFRED CLARK BORGES JR

CERTIFIER'S LICENSE NUMBER: ME64465

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number has been redacted pursuant to §119.071(5), Florida Statutes.

, STATE REGISTRAR

REQ: 2022502020

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

## WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

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